

Brooker

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/070309		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		1					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8	1						58				
9	1						59				
10		1					60				
11		1					61				
12		1					62				
13		1					63				
14		1					64				
15	1						65				
16		8					66				
17		7					67				
18		7					68				
19	1						69				
20	1						70				
21		2					71				
22	1						72				
23	1						73				
24		2					74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
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36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46	1						96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	8						TOTAL IND.				
TOTAL DEP.	37						TOTAL DEP.				
TOTAL CLAIMS	45						TOTAL CLAIMS				

PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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